

8073

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 15 1950

 BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTH MAIN</u>		d. STREET ADDRESS (If rural, give location) <u>NO. MAIN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>LALVA</u> c. (Last) <u>MARTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 7 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>April 6 1878</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Months <u>1</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JAMES MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>Scinda Russell</u>		14. NAME OF HUSBAND OR WIFE <u>CORA MARTIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>X 500-07-2586</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cora Martin Plattsburg Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>4 da</u> <u>3 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>330X</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from June, 1947, to April 2, 1950, that I last saw the deceased April 2, 1950, and that death occurred at 11 a. m., from the causes and on the date stated above.

23. SIGNATURE <u>Dr. R. S. Aldridge MD</u> (Degree or title)		23b. ADDRESS <u>Plattsburg Mo</u>		23c. DATE SIGNED <u>Apr 8-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/9/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stoney Point</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. D. Lyon Plattsburg, Mo.</u>			
DATE REC'D BY LOCAL REG <u>Apr. 8-1950</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Seearles</u>		441	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Danell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.